



Kent Recreation and Parks Department

770 Route 52, Kent Lakes, NY 10512

Phone: 845-531-2100

E-Mail: recreation@townofkentny.gov

2015 Youth Basketball Registration Form

Fill out form completely. Please print legibly!

Division:	Age:	Registration Deadline is Friday, November 14, 2014!		Early Registration Fee	Registration Fee after 10/24/14
Start Smart <input type="checkbox"/>	3 & 4	Child must be age by program start	COED	\$70.00	\$75.00
Hot Shot <input type="checkbox"/>	5 & 6	Participant must be the required age by 12/31	COED	\$85.00	\$95.00
Rookie <input type="checkbox"/>	7 & 8		COED	\$90.00	\$100.00
Minor <input type="checkbox"/>	9 & 10		COED	\$105.00	\$115.00
Junior <input type="checkbox"/>	11 & 12		Boys <input type="checkbox"/> Girls <input type="checkbox"/>	\$110.00	\$120.00
Major <input type="checkbox"/>	13 – 15		Boys <input type="checkbox"/> Girls <input type="checkbox"/>	\$125.00	\$135.00
Senior <input type="checkbox"/>	16 – 18		Boys Only	\$130.00	\$140.00

Participant Information

Participant's Last Name:		First:		MI:	Birth Date:		Age:	Sex:	
								Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address:				Home Phone Number:			Secondary Phone Number:		
City:		State:	ZIP Code:	E-Mail			E-Mail 2		
Shirt Size:	Youth <input type="checkbox"/>	Adult <input type="checkbox"/>		Did child play last year?		Which Division?		Which Coach?	
	XS S M L XL			Yes <input type="checkbox"/> No <input type="checkbox"/>					

Does your child have any disabilities, allergies or special circumstances we should be aware of? Yes ☐ No ☐

If yes, please explain:

Parent/Guardian Information

Father's Name:		Mother's Name:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:

Are you interested in being a volunteer: ☐ Coach ☐ Assistant Coach ☐ Sponsor

Emergency Contact Information

In an emergency I/We cannot be reached please contact:	Relationship to Participant:	Phone Number:	2nd Phone Number:

Parent or Guardian Authorization, Disclaimer and Waiver of Liability

By law The Kent Recreation and Parks Department cannot and does not provide medical insurance for the participants in its programs. I hereby authorize my son/daughter to participate in the basketball program sponsored by The Kent recreation program. I hereby release the agents, servants and employees from any liability for personal injury or property damage sustained by my child in connection with such participation. In the event of injury, I authorize Kent Recreation officials to take my child to a hospital for treatment at my expense.

Date:		Parent or Guardian Signature:	
		Please Print Name:	

Office Use

Registration Date:	Registration Fee:	<input type="checkbox"/> Cash	Make checks payable to: Kent Recreation	Check Number:	Receipt Number: